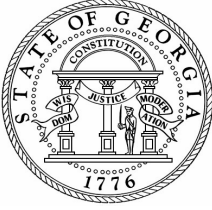


## STATE MEDICAL EDUCATION BOARD OF GEORGIA



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April 26, 2005

Dear Community Representatives:

The **27<sup>th</sup> Annual Medical Fair** will be held at the Airport Marriott Hotel, 4711 Best Road, College Park, Georgia 30337, on September 22-24, 2005 (directions enclosed). The Medical Fair is an excellent opportunity to personally meet with physicians, dentists, residents and students (dental and medical) to discuss recruitment to your community.

Attached is an *Application for Booth Space* at the Medical Fair. Space in the exhibit hall is planned for 30 exhibit booths and registrations will be accepted on a first-come basis until the 30 spaces have been filled.

If your community would like to be represented this year, please read the attached *2005 Medical Fair Guidelines for Participation* and return the completed *Application for Booth Space* and *Community and Hospital Background Information Forms*, along with payment for your booth space, to:

27<sup>th</sup> Annual Georgia Medical Fair  
State Medical Education Board  
1718 Peachtree Street, NW, Suite 683  
Atlanta, GA 30309-2496

The registration fee for booth space is \$400.00. Registration will cover information materials, booth setup and meals for four community representatives. Additional representatives will be charged \$80.00 each. **Due to space limitations, no more than four representatives are allowed in your booth at one time.**

Each community's space will consist of an 8' x 10' booth space, with an 8' back drape, 3' side drape, 6' draped table, 4 chairs, a wastebasket, and an identification sign with your booth number. Cherry Convention Services will provide exhibit setup. You will receive a package from Cherry Convention Services upon registration.

Page Two  
April 26, 2005

Communities are not permitted to recruit for 1) counties having a population greater than 35,000 according to the 2000 U.S. Census Count, or towns with populations greater than 15,000 persons according to the 1990 U.S. Census Count; 2) states other than Georgia. Failure to adhere to these guidelines will result in immediate dismissal and forfeiture of participation in the 2006 Medical Fair.

Please complete the enclosed *Community and Hospital Information Forms* (please type or print legibly in dark ink) and return with your *Application for Booth Space*. We will forward a copy of the Community and Hospital Information Form to the health professionals who register to attend the Fair. A listing of these registered health professionals, including pertinent background information, will be mailed to you.

**All Hotel reservations should be made with the Airport Marriott Hotel online at <https://www.marriott.com/reservations/init.asp?marshacode=atlap&path=marriott&gc=mecameca> (this will take you directly to the Medical Fair room block), through the Central Reservation Number at 1/800/228-9290, or directly with the Hotel at 404/766-7900.** The special conference rate is \$82, single or quad. To take advantage of the special conference rate, identify yourself as an attendee of the 2005 Medical Fair. The Hotel room rate is subject to applicable taxes, which are currently 13% per room, per night, subject to change without notice. **In order to guarantee the conference rate, reservations must be made by Thursday, September 12, 2005.** A deposit equal to one night's stay is required to hold each reservation. **Check-in time is 3:00 PM, check-out time is 12:00 Noon.**

If you have a question or need additional information concerning the conference, call me at 404/206-5423 or call 404/206-5420 and someone will assist you. We look forward to your participation in the Medical Fair.

Sincerely,

Peggy Hensley Shull  
Program Manager

Enclosures

## ***2005 Georgia Medical Fair Guidelines for Participation***

**The purpose of the Medical Fair is to facilitate contacts between physicians, dentists, residents, students (medical and dental) and community representatives from Georgia counties of 35,000 population, or less.** An estimated 100 residents will be in attendance. Thirty exhibit booth spaces will be available for communities to select. A waiting list will be established and registration for any unsecured space will remain open until three weeks prior to the Fair.

If your community decides not to exhibit after securing a space, please call us as soon as possible so we can notify the communities on the waiting list. **If your community cannot commit to exhibiting for both Friday and Saturday, please release your space.**

Persons found distributing information or influencing health professionals to practice in another state or in a location not represented at the Medical Fair ***will be required to leave the Fair without refund and their community may be ineligible for participation in the 2006 Fair.*** These guidelines are intended to keep our focus on rural areas in Georgia.

**Which towns are eligible for participation?** The Medical Fair focuses on counties that have a population of 35,000 persons, or less, according to the U.S. Census Count of 2000. Exceptions can be made for rural towns with populations of 15,000 or less according to the 1990 U. S. Census. This is to account for contract obligations that some medical residents currently have with the State Medical Education Board.

**If my community participates in the Fair, what can we reasonably expect to achieve?** You can expect to meet physicians, dentists, residents and students (dental and medical) to talk with them about your community, to distribute informative materials, and to extend invitations to individuals to visit your community. Over the last 27 years, the Fair has been a cost effective way for many communities in Georgia to recruit physicians. Over 400 physicians have been recruited to rural Georgia through the Medical Fair.

**How many representatives may staff a booth at the Fair?** Each community registered may have up to four persons staff their booth at any one time during the Fair. One person at the booth should be free at all times to speak with inquiring residents and medical students. There is an extra charge (\$80.00) for each community representative in excess of four.

**How much space is available for our display?** The exhibit booth size will be 8' x 10' and includes one 6' table, 4 chairs and a wastebasket. You may bring a tripod, easel or similar stand. There will be 3' side drape and 8' back drapes between you and the next exhibit space. Electricity (at no charge) and one additional table (\$30.00 charge) may be requested. Only visual equipment may be used. No audio or sound will be permitted.

**TIPS ON USING THE MEDICAL FAIR  
TO CONTACT PROSPECTIVE RESIDENTS AND MEDICAL STUDENTS  
FOR YOUR COMMUNITY**

1. Select and contact physicians, dentists, residents and students (dental and medical) you wish to see before you arrive at the Fair. Also be prepared for healthcare providers who register late, and who may be “just the one” you have been looking for.
2. Feel free to invite physicians, dentists, residents and students (dental and medical) to your exhibit booth. This is a golden opportunity for you to begin a relationship with a medical or dental student who may develop a secure interest in your community. Several communities offer contracts to providers in return for their commitment to practice in their town upon completion of their training. Please provide the medical and dental students the same welcome at your booth and in your community as you do the residents, physicians and dentists.
3. Ask a physician, dentist, resident or student (dental and medical) to meet with you during the Reception in the Exhibit Area on Friday evening. Ask a physician, dentist, resident or student (dental and medical) to enjoy breakfast and/or lunch with you on Friday or Saturday.
4. Invite a physician, dentist, resident or student (dental and medical) to dine with you and your community group outside the framework of the Medical Fair on Friday or Saturday evening. The location of the 2005 Medical Fair is convenient to a wide variety of restaurants.
5. Bring a local physician and dentist with you – potential providers appreciate talking with established providers.
6. Bring a local banker with you – providers are often interested in low interest loans to begin their practice and to purchase a home in your community.
7. Your community may wish to prepare a “Package Offer” for a prospective provider, which may include the following:
  - Participation in a partnership or group practice
  - Participation with a primary health care center, health department and/or nursing home
  - Referral and back-up services provided
  - Peer group relationship and professional educational opportunities
  - Assurance of the kind of practice situation that will allow the provider time off to be with family
  - Relocation allowance
  - Low interest loans for equipment and/or housing purchase
  - Income guarantee for the first six to twenty-four months
  - Free office space for a period of time
  - Malpractice insurance
  - Temporary technical assistance to process Medicare/Medicaid forms and other insurance forms
8. Provide information, either incorporated in your display or as printed material pertaining to the following:
  - Specialties you are actively recruiting or recruiting long term
  - Whether your community offers scholarships or early service commitments
  - Whether your community or hospital offers rural rotations, weekend emergency work, preceptorships or summer employment
  - Employment opportunities for spouses
  - Education, medical or recreational needs of children and families
  - Invite a physician, dentist, resident or student (dental and medical) for a site visit to your community. Show them the best your community has to offer and make them feel at home.

**27th Annual Georgia Medical Fair**  
**September 22-24, 2005**  
**Airport Marriott Hotel**

**Application for Exhibit Booth Space**

Please complete the following information and return by mail to:

Peggy Shull  
State Medical Education Board of Georgia  
1718 Peachtree Street, NW, Suite 683  
Atlanta, GA 30309-2496

You may fax this form to: 404/206-5428. If you have questions, contact Ms. Shull at 404/206-5423. Checks should be made payable to the **SMEB/2005 Medical Fair**. The registration fee for booth space is \$400.00.

Name of the community exhibiting: \_\_\_\_\_

The following individuals will be attending the Medical Fair as a representative of our community:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

The following additional persons will be attending (please note whether this individual will be an additional representative in your booth (\$80.00) or a guest during a meal (\$25.00 for lunch and \$35.00 for Friday Reception).

5. \_\_\_\_\_

6. \_\_\_\_\_

Will your booth require electricity? \_\_\_\_\_ Yes \_\_\_\_\_ No (provided at no charge)

Will your booth require an additional table? \_\_\_\_\_ Yes \_\_\_\_\_ No (additional \$30.00 charge)

Please give information on the contact person for your community:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Booth selection:      1st choice: \_\_\_\_\_      2nd choice: \_\_\_\_\_      3rd choice: \_\_\_\_\_

**27th Annual Georgia Medical Fair**  
**September 22-24, 2005**  
**Airport Marriott Hotel**

**Community Background Information**

Community Name: \_\_\_\_\_ County: \_\_\_\_\_  
(Please print legibly with black ink)

Towns within Service Area: \_\_\_\_\_

Responses will be electronically scanned. The following example will scan accurately: ○ ○ ● ○

Service Area Population:   ○ 5,000 – 10,000  
                                     ○ 10,000 – 20,000  
                                     ○ 20,000 – 35,000  
                                     ○ 35,000 – 50,000  
                                     ○ 50,000 – 100,000  
                                     ○ 100,000 +

Terrain:                       ○ Plains                       ○ Piedmont  
(Mark all that apply)       ○ Coastal                   ○ Semi-mountainous  
                                  ○ Mountainous           ○ Other \_\_\_\_\_  
                                  ○ Hills

Industry:                   ○ Textile                   ○ Mining  
(Mark all that apply)       ○ Agriculture              ○ Manufacturing  
                                  ○ Machinery               ○ Paper  
                                  ○ Railroad                  ○ Aluminum  
                                  ○ Timber/Lumber       ○ Other \_\_\_\_\_

Average Yearly Income: \$ \_\_\_\_\_ County Unemployment rate: \_\_\_\_\_ %

Nearest Metropolitan City: \_\_\_\_\_ Distance in Miles/Hours: \_\_\_\_\_

Educational Facilities:   ○ Daycare  
(Mark all that apply)       ○ Private Schools  
                                  ○ Technical College  
                                  ○ College/University

**Recreational Activities:**    ☐    **Boating**                      ☐    **Fishing**  
(Mark all that apply)            ☐    **Golf**                                ☐    **Tennis**  
   ☐    **Theaters**                      ☐    **State Parks**            ☐    **Other** \_\_\_\_\_

**Religious Organizations:**    ☐    **Presbyterian**            ☐    **Catholic**            ☐    **Episcopalian**  
(Mark all that apply)            ☐    **Methodist**            ☐    **Synagogue**            ☐    **Church of Latter Day Saints**  
   ☐    **Church of Christ**    ☐    **Baptist**            ☐    **Other** \_\_\_\_\_

**Clubs:**                                ☐    **Boy Scouts/Girl Scouts**    ☐    **Hunting**            ☐    **Masons**  
(Mark all that apply)            ☐    **Saddle Club**            ☐    **Civitan**            ☐    **Jaycees**  
   ☐    **Moose**                      ☐    **Shriners**            ☐    **Women's Club**  
   ☐    **Kiwanis**                      ☐    **Pilot**            ☐    **Garden**  
   ☐    **Elks**                                ☐    **Lions**            ☐    **Other** \_\_\_\_\_

**Information on Healthcare Facility**

**Facility Name:** \_\_\_\_\_

**Administrator/CEO:** \_\_\_\_\_ **Office Phone:** \_\_\_\_\_

**HMO/PPO Affiliations:**    ☐    **Kaiser Permanente**  
   ☐    **United Healthcare**  
   ☐    **Aetna**  
   ☐    **Cigna**  
   ☐    **Other** \_\_\_\_\_

**Facility Ownership:**            ☐    **Private**  
   ☐    **Hospital Authority**  
   ☐    **Community Health Center**  
   ☐    **Other** \_\_\_\_\_

**Census, Annual:**

(Example: For 67%, bubble in ⑥ ⑦)

### % of Private Insurance

①	①	①
①	①	①
②	②	②
③	③	③
④	④	④
⑤	⑤	⑤
⑥	⑥	⑥
⑦	⑦	⑦
⑧	⑧	⑧
⑨	⑨	⑨

①	①	①
①	①	①
②	②	②
③	③	③
④	④	④
⑤	⑤	⑤
⑥	⑥	⑥
⑦	⑦	⑦
⑧	⑧	⑧
⑨	⑨	⑨

①	①	①
①	①	①
②	②	②
③	③	③
④	④	④
⑤	⑤	⑤
⑥	⑥	⑥
⑦	⑦	⑦
⑧	⑧	⑧
⑨	⑨	⑨

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

①	①	①	①
①	①	①	①
②	②	②	②
③	③	③	③
④	④	④	④
⑤	⑤	⑤	⑤
⑥	⑥	⑥	⑥
⑦	⑦	⑦	⑦
⑧	⑧	⑧	⑧
⑨	⑨	⑨	⑨

Yes      O

## O Staff Doctors

**Nearest Referral Hospital:**\_\_\_\_\_ **Town:**\_\_\_\_\_



The following Departments are Available at the Admitting Hospital:

<u>Department</u>	<u># Of Days Open Per Week</u>	<u># Of Hours of Operation Per Day</u>
<input type="radio"/> Cardiology	_____	_____
<input type="radio"/> Clinical Lab	_____	_____
<input type="radio"/> ICU	_____	_____
<input type="radio"/> Obstetrics	_____	_____
<input type="radio"/> Nuclear	_____	
<input type="radio"/> Medicine	_____	
<input type="radio"/> Nursery	_____	_____ Level: _____
<input type="radio"/> Physical Therapy	_____	
<input type="radio"/> Pathology	_____	
<input type="radio"/> Radiology	_____	
<input type="radio"/> Speech/Hearing	_____	
<input type="radio"/> Surgery	_____	
<input type="radio"/> Telemedicine	_____	
<input type="radio"/> X-Ray	_____	
<input type="radio"/> Other: _____	_____	

Summary of Health Care Professionals Currently in Practice in our Community:

<u>Specialty</u>	<u>Current Positions</u>	<u>Vacant Positions</u>
<input type="radio"/> Family Practice	_____	_____
<input type="radio"/> Internal Medicine	_____	_____
<input type="radio"/> OB/GYN	_____	_____
<input type="radio"/> Pediatrics	_____	_____
<input type="radio"/> Surgery	_____	_____
<input type="radio"/> Anesthesiology	_____	_____
<input type="radio"/> Radiology	_____	_____
<input type="radio"/> Orthopedics	_____	_____
<input type="radio"/> Ear/Nose/Throat	_____	_____
<input type="radio"/> Psychiatry	_____	_____
<input type="radio"/> Other _____	_____	_____

**Dental Professionals**

- ☐ Dentists
- ☐ Dental Assistants
- ☐ Dental Hygienists

**Current Positions**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Vacant Positions**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other Professionals**

- ☐ Dietitians
- ☐ L.P.N. s
- ☐ R.N. s
- ☐ Nurse Midwives
- ☐ Nurse Practitioners
- ☐ Physician Assistants
- ☐ Social Workers
- ☐ Other: \_\_\_\_\_

**Current Positions**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Vacant Positions**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your community provide financial assistance to physicians or dentists on the condition that they return to your community to practice?

- ☐ Yes
- ☐ No

Does your community provide financial assistance to medical students or dental students on the condition that they return to your community to practice?

- ☐ Yes
- ☐ No

Does your community offer medical scholarship opportunities?

- ☐ Yes
- ☐ No

Do you currently recruit medical students?

- ☐ Yes
- ☐ No

Dental Students?

- ☐ Yes
- ☐ No

Do you have a health network within your county?

- ☐ Yes
- ☐ No

Is your county planning such a network?

- ☐ Yes
- ☐ No

**For further information regarding practice opportunities, please contact:**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **e-mail address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Person completing form:**

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<b>Name</b>	<b>Title</b>	<b>Telephone Number</b>	<b>e-mail address</b>
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# 27TH ANNUAL MEDICAL FAIR

Atlanta Airport Marriott  
September 22-24, 2005

Salon F	Salon E	30	19	18	7	6
		29	20	17	8	5
Salon G		28	21	16	9	4
		27	22	15	10	3
Salon H		26	23	14	11	2
		25	24	13	12	1